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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	Poly-44/APP
	First Named Inventor	Kalle LEVON
	COMPLETE IF KNOWN	
	Application Number	10/719,688
	Filing Date	November 21, 2003
	Art Unit	1641
Examiner Name	Not yet assigned	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GLYCOCONJUGATE SENSORS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) November 21, 2003 as United States Application Number or PCT International

Application Number 10/719,688 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION AND POWER OF ATTORNEY

Utility or Design Patent Application

Power of Attorney:

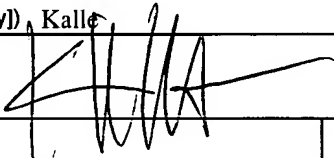

As a named inventor, I hereby appoint:

John C. Pokotylo (Reg. No. 36,242)
Michael P. Straub (Reg. No. 36,941)
Ronald P. Straub (Reg. No. 48,941)

as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.

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DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	26479	OR <input type="checkbox"/> Correspondence address below	
Name Straub & Pokotylo					
Address 620 Tinton Avenue, Bldg. B, 2 nd Floor					
City Tinton Falls			State NJ	ZIP 07724-3260	
Country USA		Telephone (732) 542-9070		Fax (732) 542-9071	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Kalle			Family Name or Surname LEVON		
Inventor's Signature 				Date	
Residence: City New York		State NY	Country USA	Citizenship USA	
Mailing Address 3 East 69th Street					
City New York		State NY	ZIP 10021	Country USA	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Olga			Family Name or Surname Tarasenko		
Inventor's Signature 				Date 16 th March, 04	
Residence: City Brooklyn		State NY	Country USA	Citizenship Kyrgyz Republic	
Mailing Address 674 49th Street, Apt. #6D					
City Brooklyn		State NY	ZIP 11220	Country USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the ____1____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box →



Modified PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION AND POWER OF ATTORNEY	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Bin		YU	
Inventor's Signature		Date 3/26/04	
Residence: City West Hartford	State CT	Country USA	Citizenship Peoples Republic of China
Mailing Address 15 Faxon Drive			
Mailing Address			
City West Hartford	State CT	ZIP 06117	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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